

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3806

State File No.

BIRTH NO.		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harison</u>		<u>08</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>P</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Leslie</u>		b. (Middle) <u>Heroy</u>		c. (Last) <u>Drummond</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>August 19, 1947</u>		9. AGE (In years last birthday) <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Grissley, California</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alva L. Drummond</u>		13b. MOTHER'S MAIDEN NAME <u>Maxine Greenan</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alva Drummond</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro-Enteritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) <u>571 D</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None known</u>				INTERVAL BETWEEN ONSET AND DEATH <u>One week</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>1-14</u> , 19 <u>49</u> , to <u>1-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-14</u> , 19 <u>49</u> , and that death occurred at <u>1:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Love</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>1-19-49</u>	
24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>✓</u>		24b. DATE <u>Jan. 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rockville</u>		24d. LOCATION (City, town, or county) (State) <u>Rockville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 31, 1949</u>		REGISTRAR'S SIGNATURE <u>W. Love</u>		33/ <u>33</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry H. Hays</u>	
						ADDRESS <u>Nevada, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REGISTERED
District Health Officer No. 7,
District File Number 1-49-15
Date Filed 2-7-49

DEC 14 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student? Embalmer No. _____
Signed [Signature]

Licensed Embalmer No. 1760

P. O. Address Nevada M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.